

Name  
in  
Full

Jane Ash

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Near Level</i>		Town		<i>Harford</i>		County	
Date of death 190 <i>8</i>	Month <i>Aug.</i>	Day <i>10</i>	Age <i>104</i>	Years <i>3</i>	Months <i>7</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Cecil Co Md.</i>				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed			Occupation <i>Housewife</i>				
Name of Wife or Husband							
Father's Name <i>Giles</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Rachel</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Mrs. Saffington</i>				How related to deceased <i>Not on any way</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Four weeks</i>
Immediate <i>" as far as I know</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>I know</i>	Signature of Physician <i>Mrs. Saffington</i>
	Address <i>Darlington Md.</i>
Accident or Suicide?	



Alexander Bonds

Town

County

Died at

Sewall

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8

28

Age

1

14

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Alex Bond

Mother's

Maiden Name

Hester Bond

Cause of

Primary

How long sick

one week

Death

Immediate

unknown

151

Accident, Suicide, Homicide

Reported by

Howard H. Thomas Undertaker

Address

Stingdon

Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elwood C. Campbell

Died at *Vale* Town *Harford Co.* County *MARYLAND*

Date 1903 *Aug 23* Month *Aug* Day *23* Age *32 4 8* Y. M. D. Native of *Md.* Occupation *Farming*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Number of children living *0*

~~Female~~ ~~Colored~~ ~~Singla~~ ~~Widow~~ ~~Number of children living~~

Husband of  
Wife

Father's Name *Jas. A. Campbell* Mother's Maiden Name *Margaret E. Hazlett*

Cause of Death *Drowning* Primary *172* How long sick *172*

Death *Immediate* Accident, ~~Suicide~~, ~~Homicide~~

Reported by *H. G. Walker (Undertaker)*

Address *Pleasantville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Franklin Carlile*  
 Died at *Mar Harre de Grace Harford* **MARYLAND**  
 Date *1903 Aug 20* Age *28* Native of *Maryland* Occupation *laborer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *0*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *David Carlile* Mother's Name *Mary Nicholas*  
 Cause of Death { Primary *Enteric Colitis* How long sick *4 weeks*  
 Immediate *Heart weakness* Accident, Suicide, Homicide ☐  
 Reported by *Dr. R. H. Smith* *105*  
 Address *Weaver de Grace Md*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Hanford</i>		MARYLAND	
Date of death 1903		Month <i>Aug</i>	Day <i>26</i>	Age <i>three</i>		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Bel Air</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Jos. B. Coale</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Georgie Clarkart</i>				Mother's Birthplace <i>"</i>			
Name of person giving information				How related to deceased <i>"</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>		How long <i>Seven days</i>	
Immediate <i>Diphtheritic Collapse</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William S. Archer</i>	
		Address <i>Bel Air Md.</i>	
Accident or Suicide? <i>~</i>			

Friendship

Name in Full

Certificate of Death

Sarah Collins

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8

21

Age

36

Hartford Co

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

8 wks

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

J. H. Otter

Address

Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bil Evin</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>68</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
<del>Married</del> Single <del>or Widowed</del>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Edward Cooper</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mahinda Fisher</i>			Mother's Birthplace <i>P.</i>		
Name of person giving information <i>Mrs. Cooper</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Latent disease</i>	<i>79</i>	How long
Immediate <i>Coronary heart</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. A. Pickens</i>	
<i>Yes</i>	Address <i>Bellevue</i>	
Accident or Suicide?		

February

Name  
in  
Full

Mabel B. Gibson

Harford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bel Air		County Harford		MARYLAND	
Date of death 1903	Month Aug	Day 26	Age Year	Months Five	Days		
Sex Female	Color or Race African		Birth- place Bel Air				
<del>Married</del> Single <del>or Widowed</del>			Occupation —				
Name of Wife or Husband							
Father's Name B. F. Gibson				Father's Birthplace Thomas River			
Mother's Maiden Name Laura Gibson				Mother's Birthplace Bel Air			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Broncho Pneumonia		How long	A few days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	William L. Archer
			Address	Bel Air Md
Accident or Suicide?				

Hendon Hill



Name in Full

Certificate of Death

Amanda Hamby

Town

County

Died at

MARYLAND

1963  
 Date ~~189~~ 8 7  
 Month Day  
 Y. M. D. 42 5 -  
 Age  
 Native of Ind  
 Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ Divorced  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

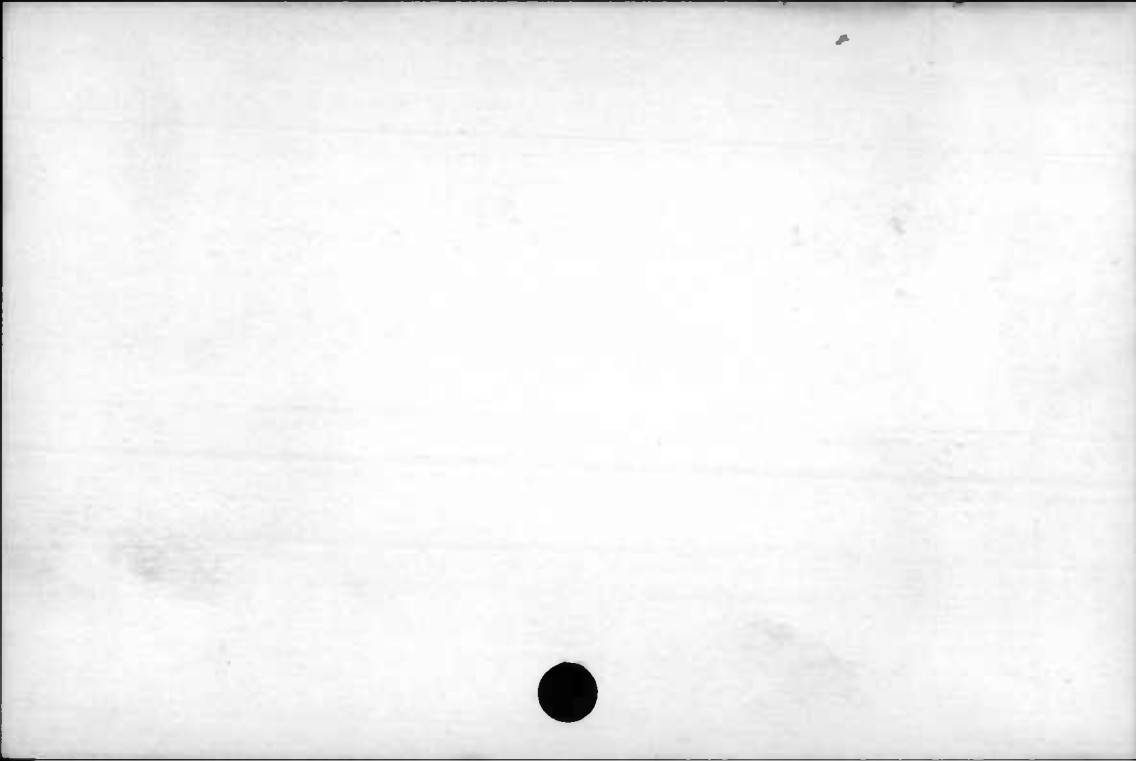
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kalmda</i> Town <i>Hayford</i> County		MARYLAND			
Date of death 190 <i>3</i>	Month <i>aug</i>	Day <i>22</i>	Age <i>67</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Breland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or <del>husband</del> <i>Elmer Kreeg 2nd</i>					
Father's Name <i>Kreeg</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Johie</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>John Kreeg</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Smoking</i>	<i>154</i>	How long <i>1 wk</i>
Immediate <i>Bronchitis</i>	<i>Calomb</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. A. Sherry Smith</i>
		Address <i>Breland</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Irvine Sawrey

## CERTIFICATE OF DEATH

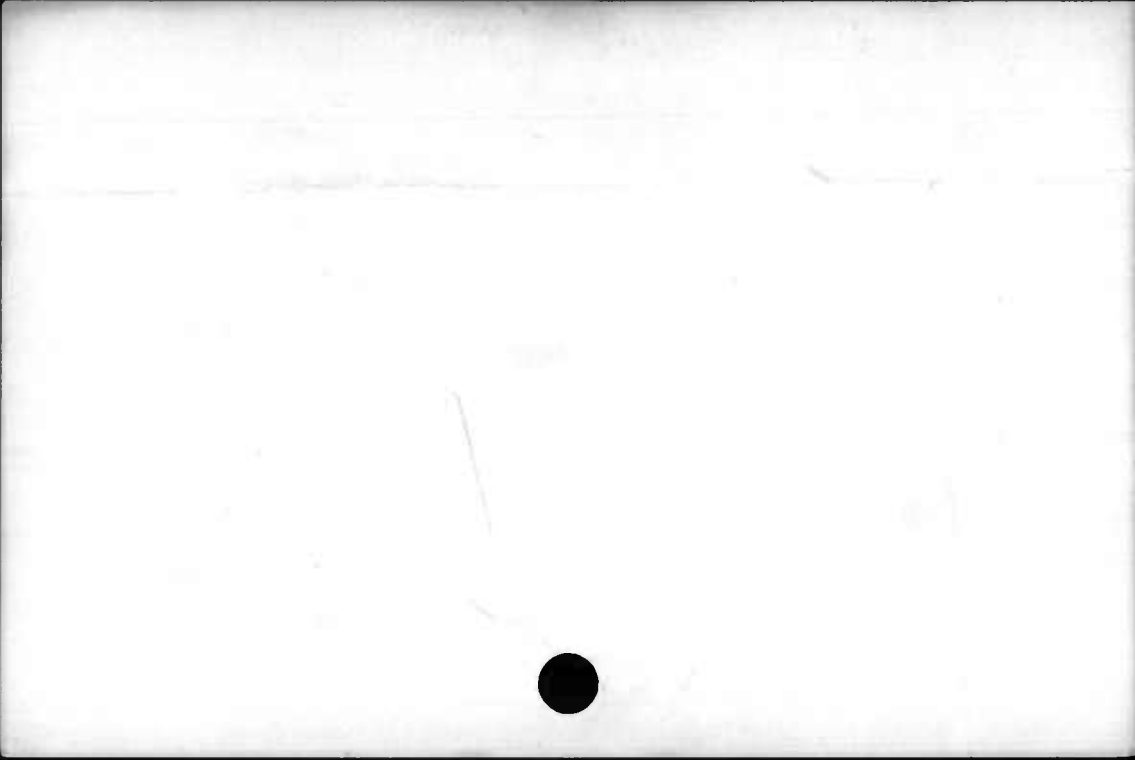
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>clayton</u> <sup>Town</sup>		<u>Hartford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	<u>Aug</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	<u>1</u> <sup>Years</sup>	<u>14</u> <sup>Months</sup>	<u>✓</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>✓</u>			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Albert Sawrey</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Laura Parker</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Laura Sawrey</u>			How related to deceased <u>mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 weeks</u>
Immediate <u>✓</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. F. H. Girvinch</u>
	Address <u>Forth Ind</u>
Accident or Suicide? <u>✓</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

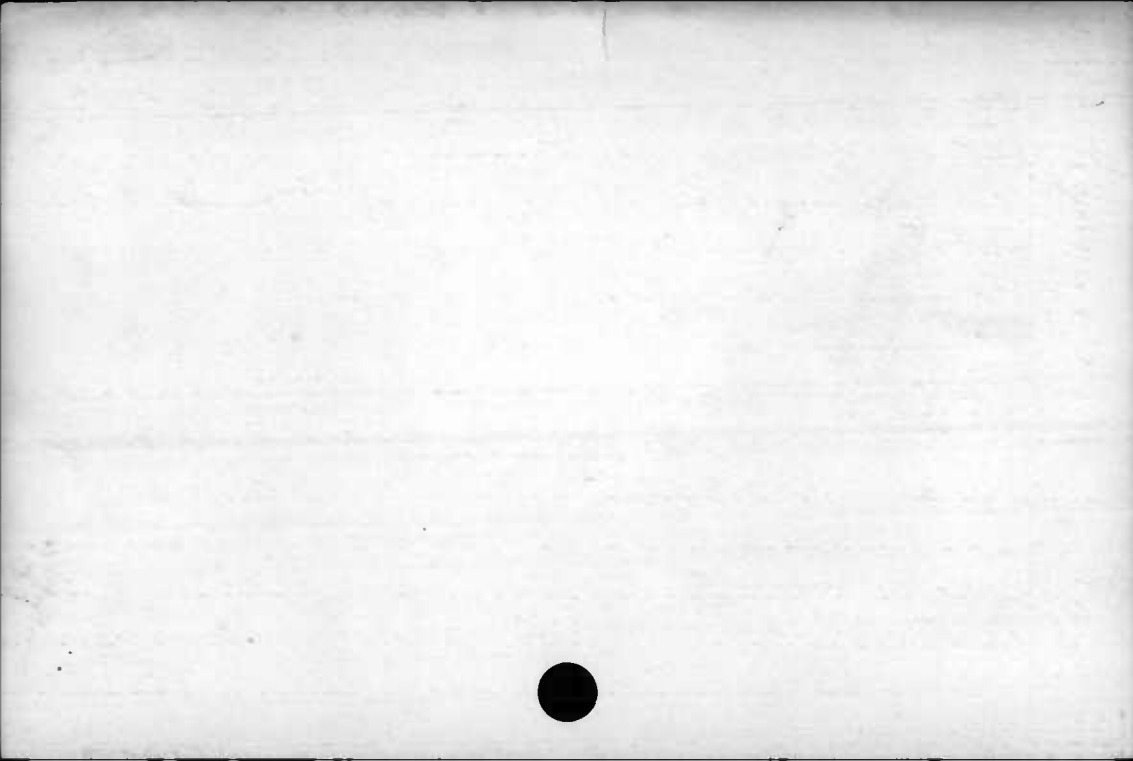
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month 8	Day 9	Age 66	Years	Months	Days	
Sex male	Color or Race white		Birth- place Wales				
Married, <del>Single</del> or <del>Widowed</del>			Occupation miner				
Name of Wife or Husband Mary Sloyd.							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation wife				How related to deceased wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	arterio-sclerosis	How long
Immediate	exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. F. Kalle M.D.
		Address Cardiff Md.
Accident or Suicide?		





Name  
in  
Full

Maggie Lynch

## CERTIFICATE OF DEATH

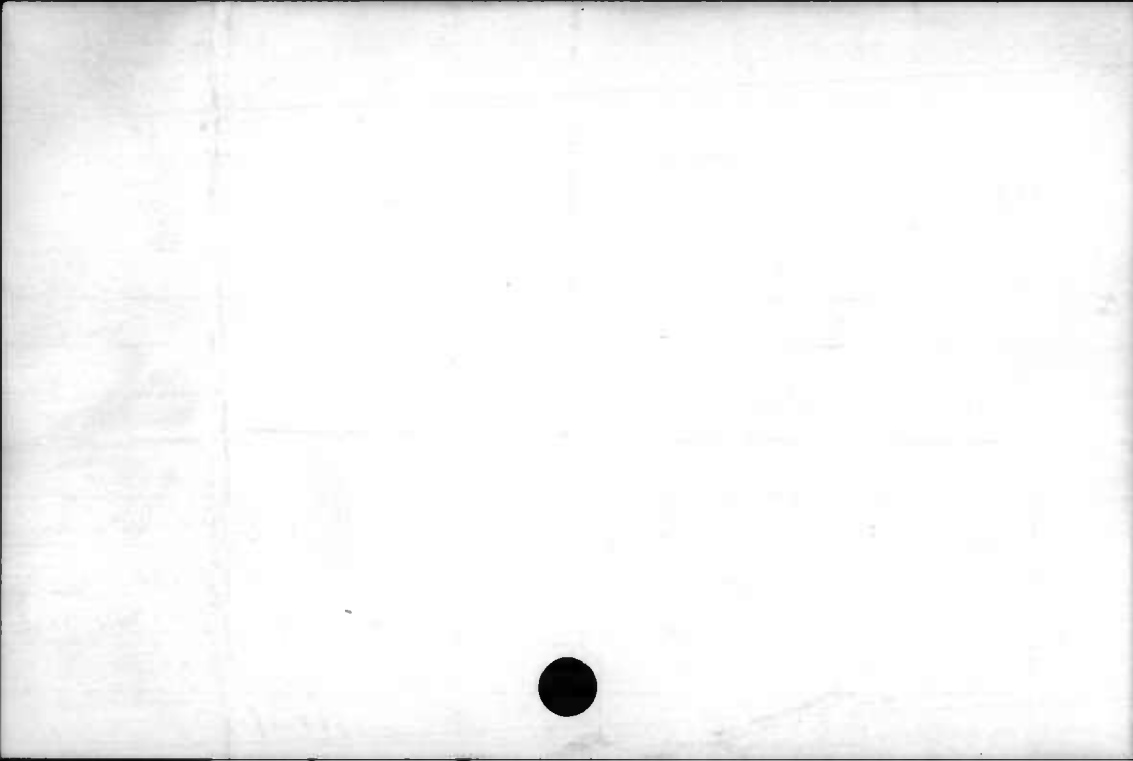
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bagley</i> Town		<i>Hartford</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>88</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
<del>Married, Single or Widowed</del>		Occupation <i>House Wife</i>			
<del>Name of Wife or Husband</del> <i>Daniel Lynch</i>					
Father's Name			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Sarah Morris</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Maggie Lynch</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>5 days.</i>
Immediate <i>Coma</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Van Bibber, M. D.</i>
	Address <i>T. B. L. A. S.</i>
Accident or Suicide? <i>No -</i>	<i>Med.</i>



Name In Full

Certificate of Death

Died at

Date 1903

Male

Female

Town

Month

Day

Y.

M.

D.

Native of

Occupation

County

MARYLAND

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full *Daniel Morris*

Town *Abertown* County *Harford* MARYLAND

Died at *Abertown*

Date 19 *03* *Aug* *19* | Age *73* — — | Native of *Harford* | Occupation *Driver*

Male ☒ Female ☐ | White ☒ Colored ☐ | ~~Married~~ ☐ ~~Widow~~ ☐ ~~Divorced~~ ☐ | Widower ☐ | Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

*Pneumonia**Exhaustion*

How long sick

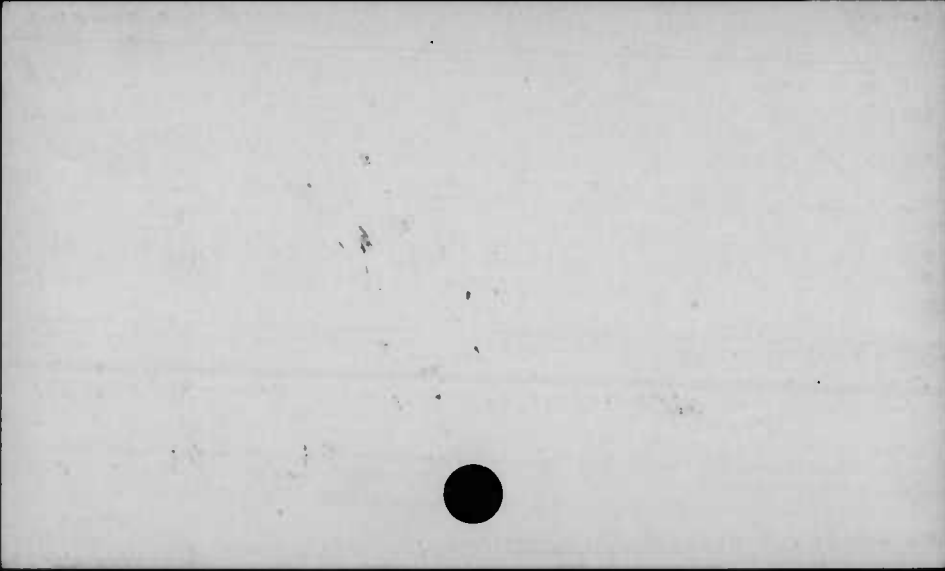
*1 mo*~~Accident, Suicide, Homicide~~

Reported by

Address

*Chas. H. White**Abertown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret W. Nelson

## CERTIFICATE OF DEATH

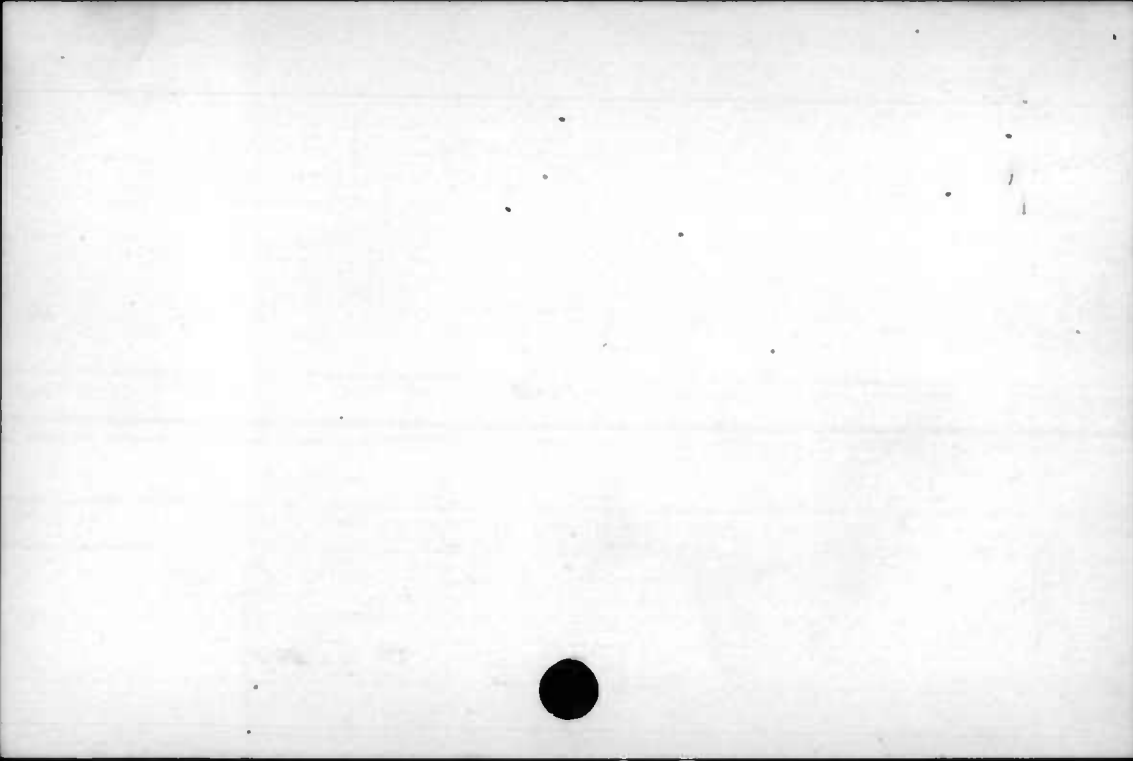
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Belair</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>2</u> Years	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Married, Single <del>or Widowed</del>		Occupation <u>—</u>			
Name of Wife or Husband					
Father's Name <u>Wm B. Nelson</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Daisy Dallam</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>J. E. Dean</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Malaria Fever</u>	How long	<u>4 weeks -</u>
Immediate	<u>Enter Colitis</u>	How long	<u>6 days -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D. Hall Richdson</u>	
		Address <u>Belair, Md</u>	
Accident or Suicide?			





Name  
in  
Full

Martha Preston

## CERTIFICATE OF DEATH

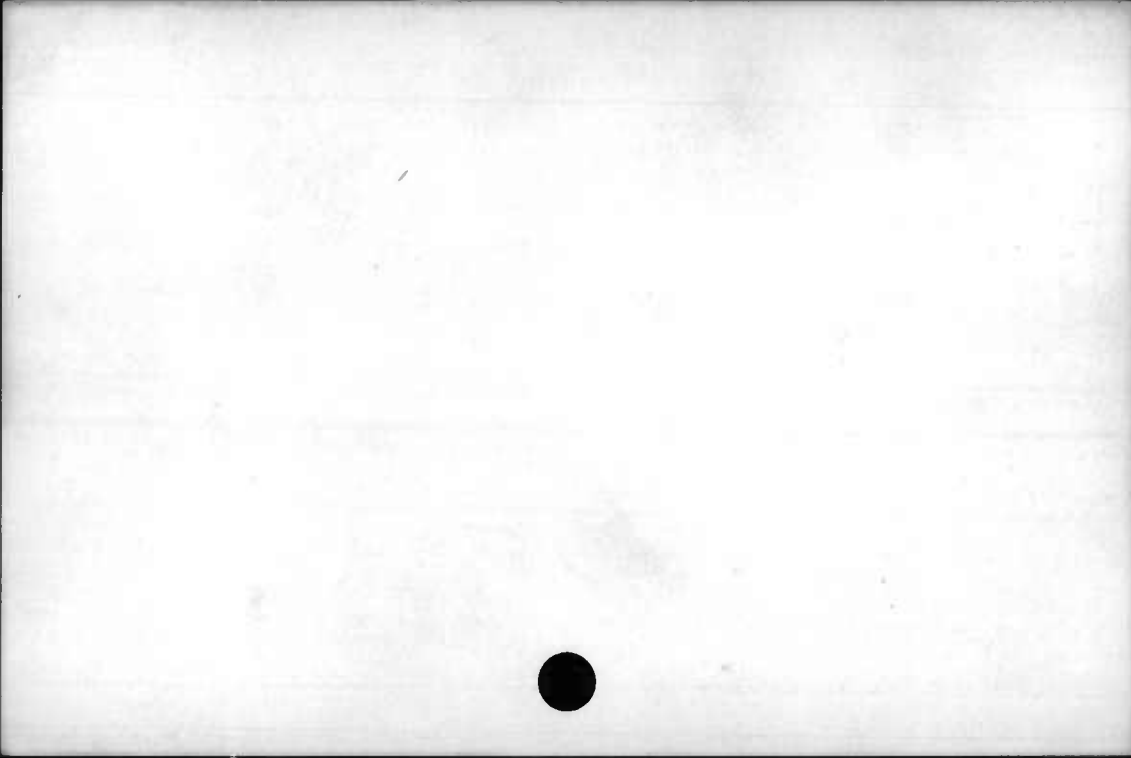
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kalmar</i>		Town		County <i>Stafford</i>		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>24</i>	Age <i>34</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Fether's Name <i>Henry Preston</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mahanda Barris</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer -</i>	How long	<i>46</i>
Immediate	<i>Heart failure</i>	How long	<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr F H Arthur</i>	
		Address <i>Street Ind</i>	
Accident or Suicide?			



Name  
in  
Full

Miranda Oresten

## CERTIFICATE OF DEATH

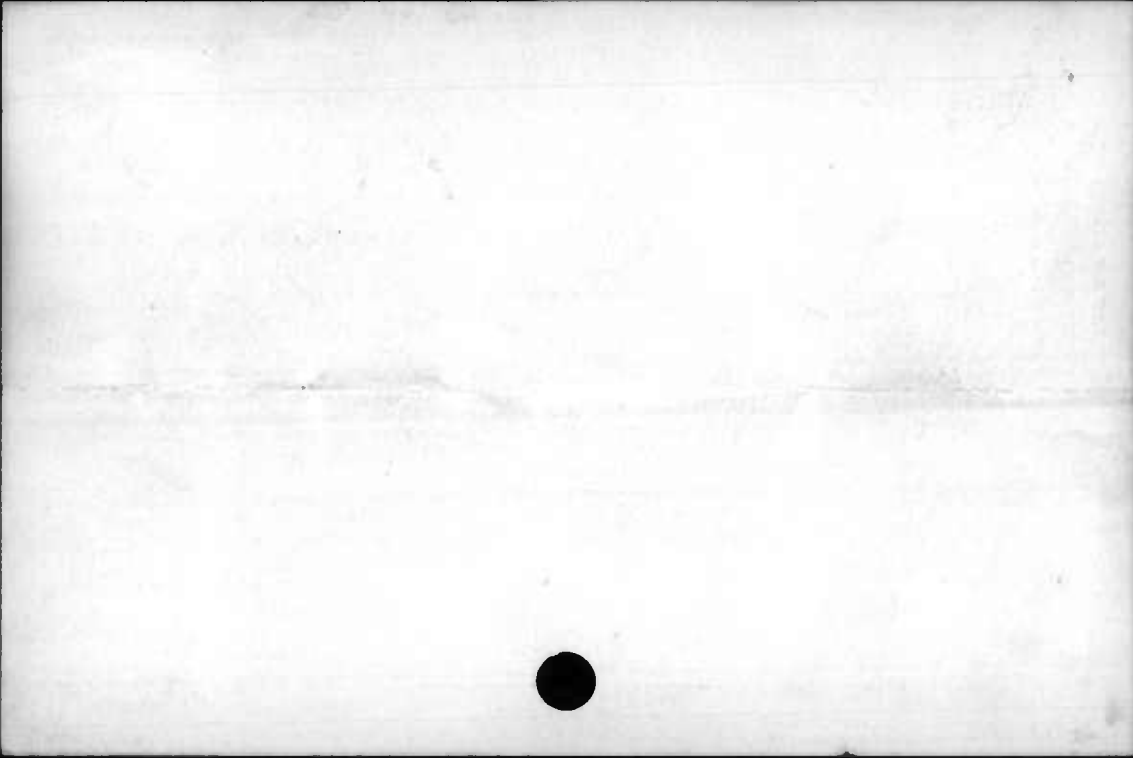
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Malina</i>		Town		<i>Hayford</i>		County		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>10</i>	Age <i>89</i>	Years	Months <i>4</i>	Days <i>25</i>			
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Ind</i>						
Married, Single or Widowed <i>Widow</i>		Occupation <i>Coast</i>							
Name of Wife or Husband <i>Henry Oresten</i>									
Father's Name <i>Jessiah Bomer</i>		Father's Birthplace <i>Ind</i>							
Mother's Maiden Name <i>Mattie Bomer</i>		Mother's Birthplace <i>Ind</i>							
Name of person giving information <i>Gange Dutton</i>		How related to deceased <i>none</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis of</i>	How long <i>one year</i>
Immediate <i>Heart failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. H. Allen</i>
	Address <i>Street Ind.</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Nora E. Sewell

## CERTIFICATE OF DEATH

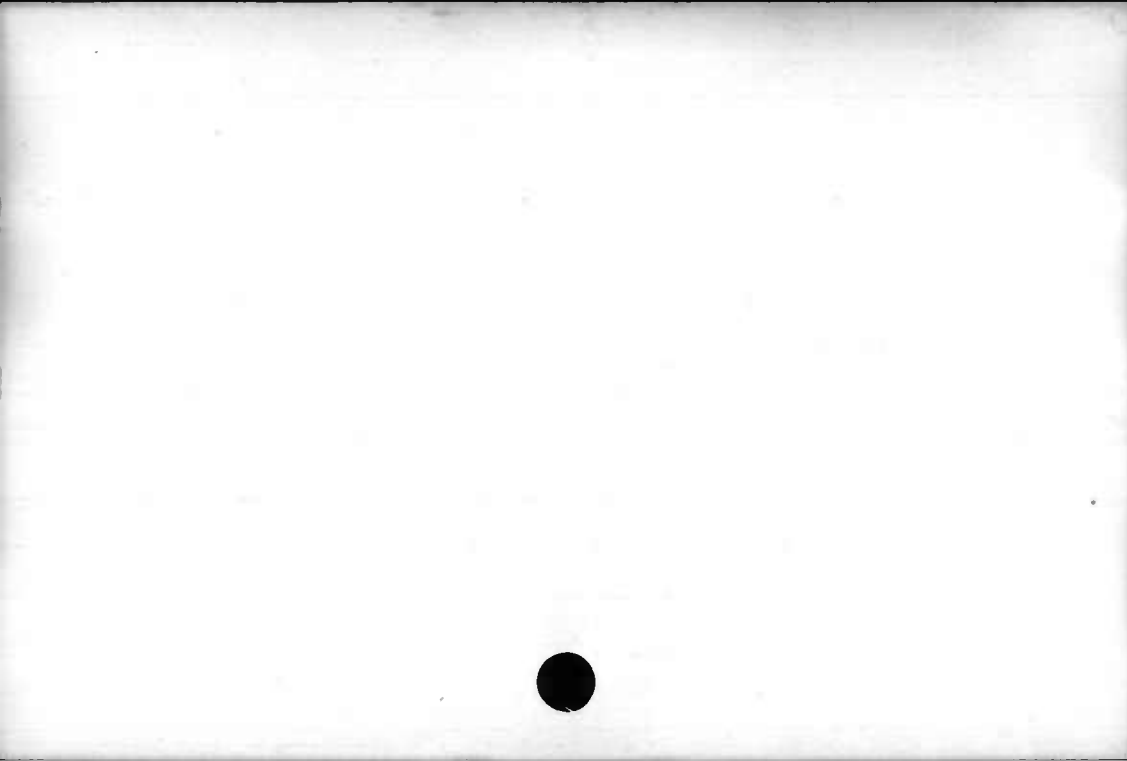
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hallston</i> <sup>Town</sup>			County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>16</i>	Age <i>31</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>			
Married, <del>Single</del> <del>or Widowed</del>			Occupation <i>House Wife</i>			
Name of Wife or Husband <i>Isaac Sewell</i>						
Father's Name <i>Wm. Vogts</i>			Father's Birthplace			
Mother's Maiden Name <i>Mary Holland</i>			Mother's Birthplace			
Name of person giving Information <i>Isaac Sewell</i>			How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 Years</i>
Immediate <i>Asthemia</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Turnell, F. Dabbington</i>
	Address <i>Hallston Md.</i>
Accident or Suicide?	



Name in Full *Belcamp John Sheets*  
 Town *Belcamp* County *Harford* MARYLAND  
 Died at *Belcamp*  
 Date 19 *Augt 9th 1903* Month *Augt* Day *9th* Year *1903* Age *68* Y. *68* M. *68* D. *68* Native of *Pennsylvania* Occupation *Fisherman*  
 Male *White* Married *Widow* Divorced *Widow*  
~~Female~~ ~~Colored~~ Single *Widow* Number of children living *1*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Cause of Death { Primary \_\_\_\_\_ Immediate *Drowned* } How long sick *172*  
 Death { \_\_\_\_\_ } Accident, ~~Self~~ ~~suicide~~, ~~Homicide~~  
 Reported by *James E. Pitcher act coroner*  
 Address *Aberdeen* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Elijah T. Singley

## CERTIFICATE OF DEATH

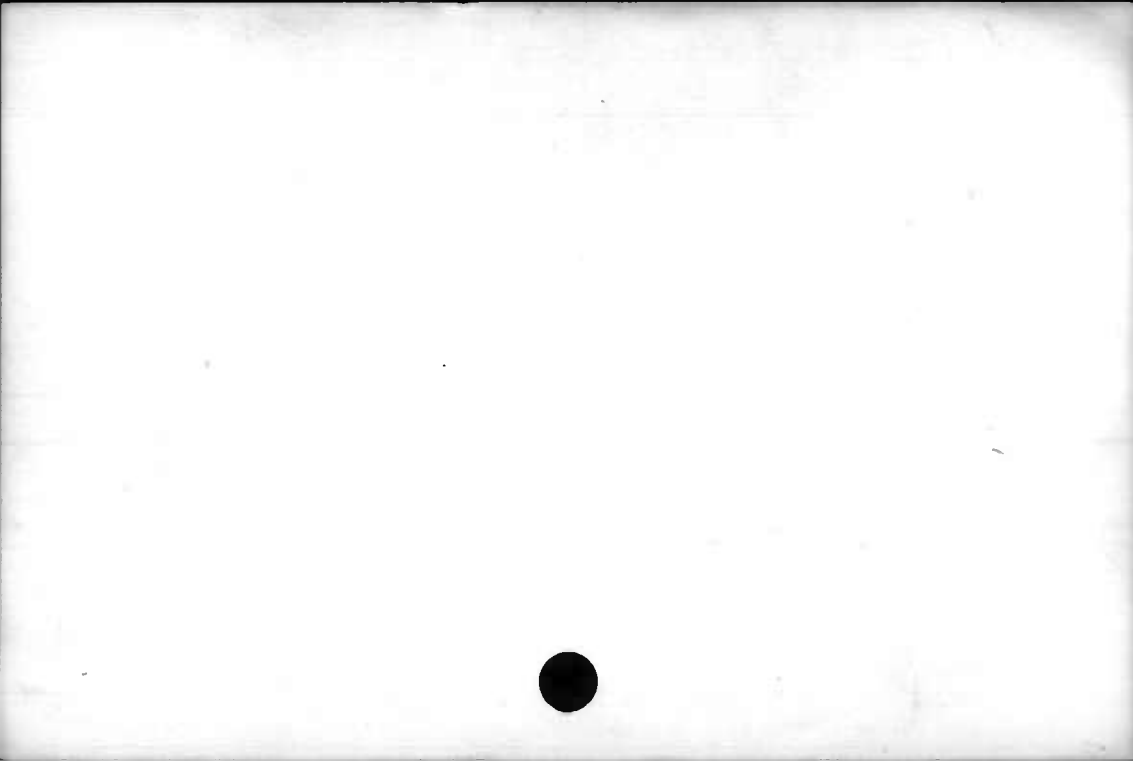
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pleuville		County Harrison		MARYLAND	
Date of death 190		3	Month 8	Day 15	Age 66	Years 66	Months —
Sex Male		Color or Race white		Birth- place Ind.			
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband		Hannah Jane Honeycut					
Father's Name		Wm Singley				Father's Birthplace Ind	
Mother's Maiden Name		Martha Hitchcock				Mother's Birthplace Ind	
Name of person giving In formation		J. H. Singley				How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	7 yrs
Immediate	Laemmle's		How long	1 1/2 hr
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W B Krid	
			Address Darlington Ind	
Accident or Suicide?				



Name  
in  
Full

Estella Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bilsmi</i>		County <i>Harford</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>15</i>	Age <i>17</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>				
Married, Single <del>or Widowed</del>			Occupation <i>Laborer</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Emily James</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Clode Smith</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever -</i>	How long	<i>6 days -</i>
Immediate	<i>Septicæmia</i>	How long	<i>2 days -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>A. F. Van Bibber</i>	
Address		<i>Bilsmi</i>	
Accident or Suicide?		<i>Ind.</i>	

Mountain Church.

Name in Full

Certificate of Death

Paluzek

Died at <sup>Town</sup> *Abingdon*<sup>County</sup> *Harford*

MARYLAND

Date <sup>Month</sup> <sup>Day</sup>

Y. M. D.

Native of

Occupation

*03 August*

Age

*Shoemaker*

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

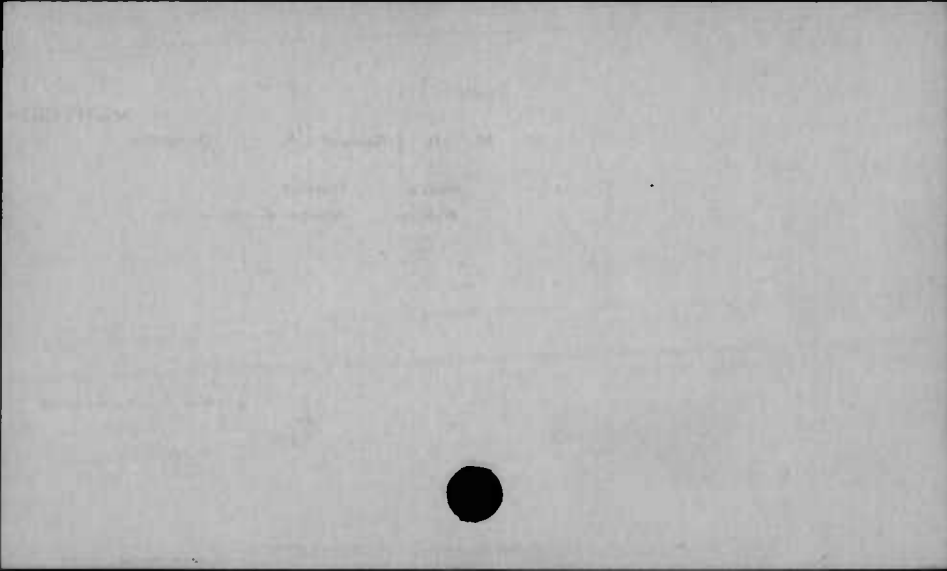
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEVER



Name in Full

Certificate of Death

Paul Thompson

Town

County

Died at

MARYLAND

Died at Pyleville Month 8 Day 3 Y. 3 M. 23 Native of Maryland Occupation —  
 Date 1903 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 10

Husband of Self  
 Wife —

Father's Name Samuel J. Thompson Mother's Name Carrie M. Thompson

Cause of Death { Primary Cholera Infantum How long sick 3 days  
 Immediate — Accident, Suicide, Homicide

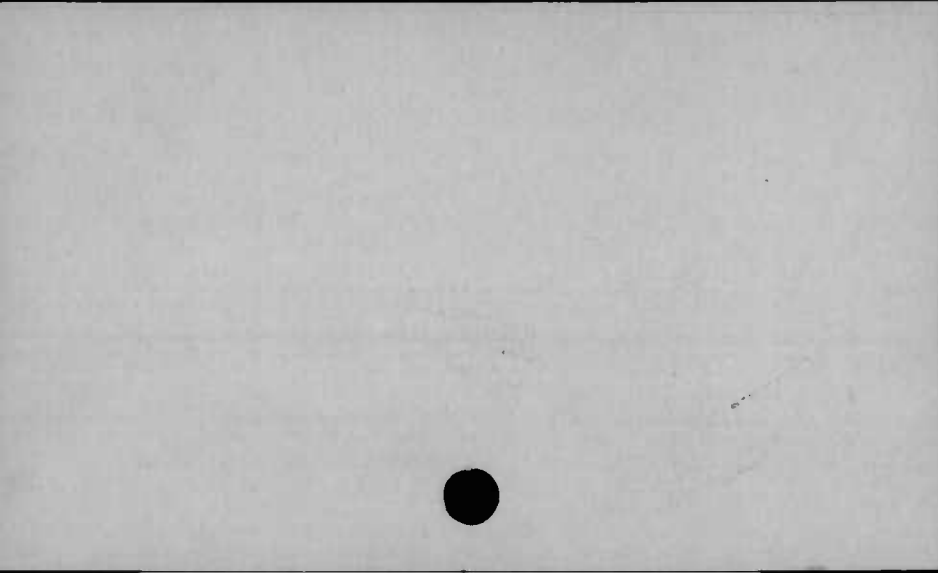
Reported by

Address

W. H. G. Gandy  
W. H. G. Gandy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU V. 65623





Name  
in  
Full

Rufus King Wells

## CERTIFICATE OF DEATH

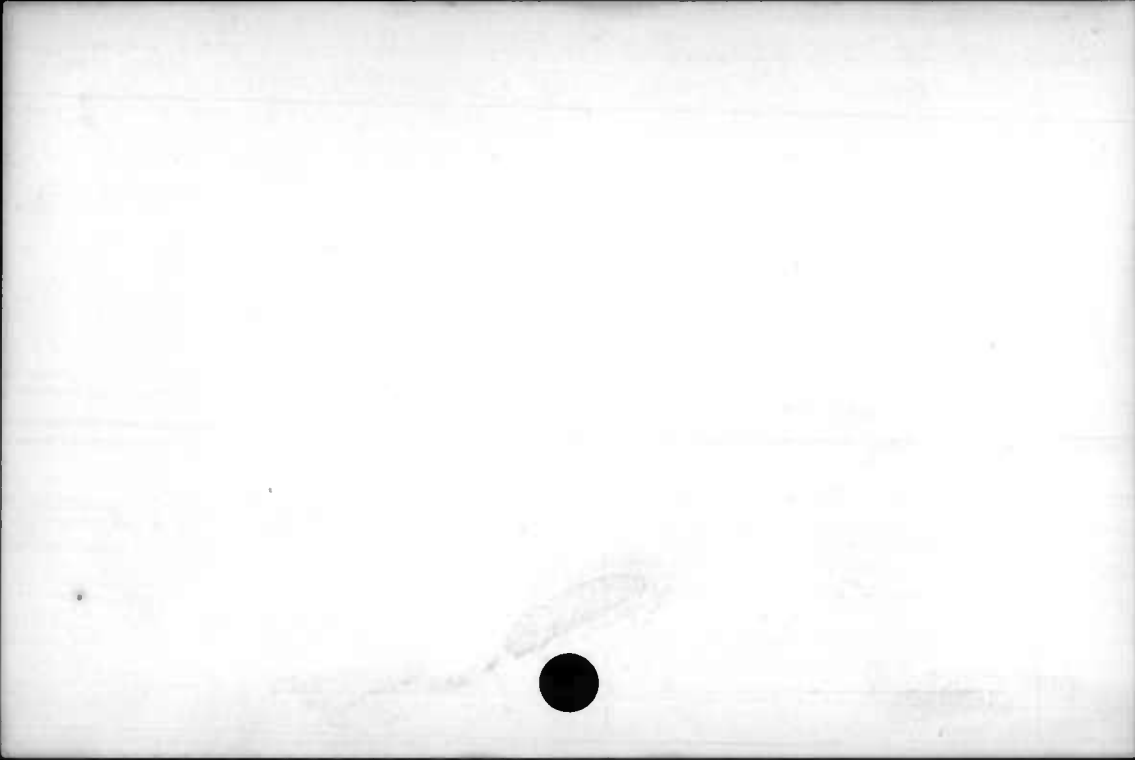
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grove</i>			County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>8</i>	Day <i>18</i>	Age <i>48</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White -</i>		Birth-place <i>Harrods Grove</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Tinner</i>			
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

## CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 MO</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>J L Hopkins</i>
		Address	<i>Harrods Grove</i>
Accident or Suicide? <i>-</i>			<i>md</i>

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Luther Williams

Town

Pryor

County

Harrison

MARYLAND

Died at

Date 19

03

Month

8

Day

27

Age

3

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Luther Williams

Mother's

Maiden-Name

Della Stewart

Cause of

Primary

How long sick

1 week

Death

Immediate

Droup

a

Accident, Suicide, Homicide

Reported by

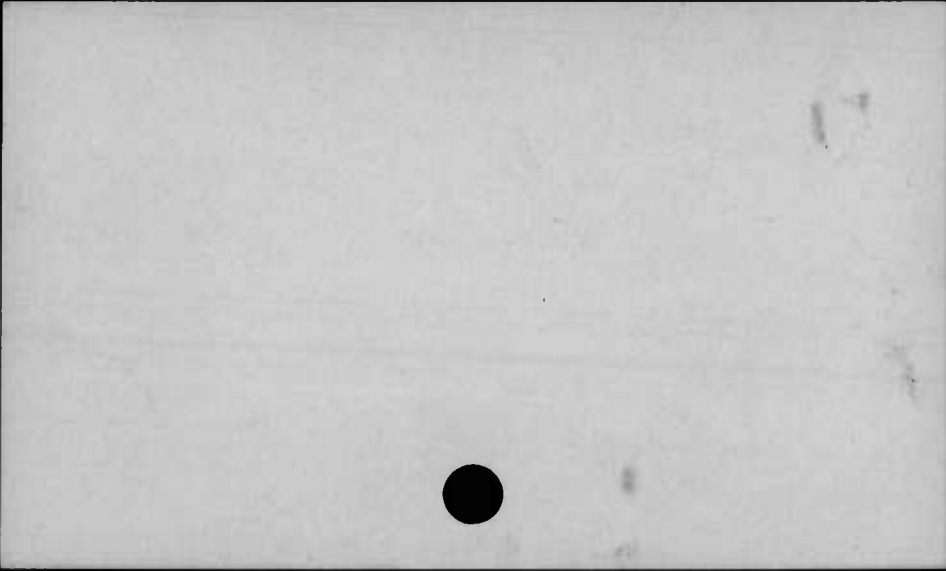
L. Osborn &amp; Sons Undertakers

Address

Michaelsville Md (No Doctor)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

John S. Word

## CERTIFICATE OF DEATH

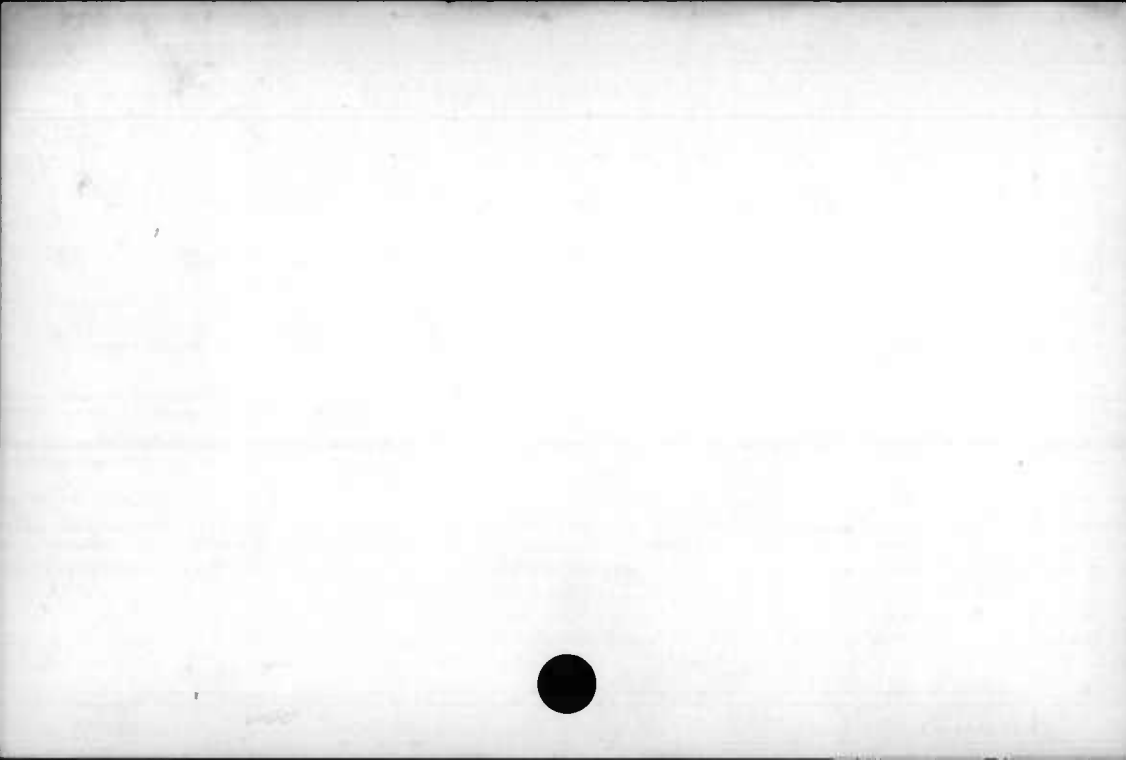
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Chapel		<sup>County</sup> Wexford		MARYLAND	
Date of death 1903	Month 8	Day 8	Age Years 44	Months 4	Days 13
Sex Male	Color or Race White		Birthplace Wexford Co		
Married, Single or Widowed Married	Occupation Farmer & Canner				
Name of Wife or Husband Margaret J. Word					
Father's Name Garrett E. Word			Father's Birthplace Wexford Co Md		
Mother's Maiden Name Elizabeth Warner			Mother's Birthplace Wexford Co Md		
Name of person giving information Margaret J. Word			How related to deceased Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever	How long Three weeks
Immediate Intestinal perforation	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R H Smith M D
	Address Waverly Grove Md
Accident or Suicide?	



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harra de Grace</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>14</i>	Years <i>about 40</i>	Months	Days				
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place						
Married, Single or Widowed <i>don't know</i>			Occupation <i>Laborer</i>						
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving In formation <i>E S Smider</i>						How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by P.M.B. Rail Road Train</i>	How long
Immediate <i>" " " " " "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. H. Fahy Coroner</i>
	Address <i>Harra de Grace</i>
Accident or Suicide?	<i>MR</i>

